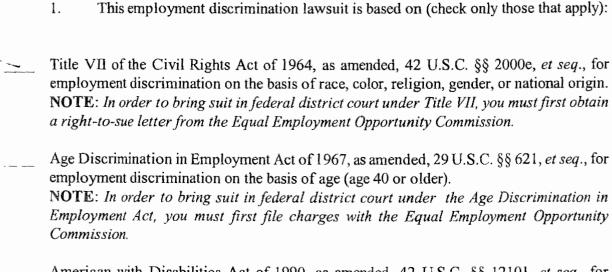
UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MISSOURI

	נט	VISION	
NAME OF THE PLAINTIFF)		
- VS -)		
Universal PrintingCo)	Case No.	
1234 Sollingshighway)		
1234 So. Kingshighary St. Louis, MO 13110)	JURY TRIAL	DEMANDED
)	YES	NO
NAME OF THE DEFENDANT OR)		
DEFENDANTS (Enter above the full name(s) of)		
ALL defendant(s) in this lawsuit. Please	í		
attach additional sheets if necessary.	í		
and additional shoots if hoodstay.	,		

EMPLOYMENT DISCRIMINATION COMPLAINT



American with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101, et seq., for employment discrimination on the basis of disability.

NOTE: In order to bring suit in federal district court under the American with Disabilities Act, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.

you i agen	TE: In order to bring suit in federal district court under the Rehabilitation Act of 19 must first file charges with the appropriate Equal Employment Office representative cy. Trick (Describe)
	PARTIES
2.	Plaintiff's name: Ann. Zierezbere
	Plaintiff's address: 2717 Creo Ct Street address or P.O. Box
	DeSato, MO. L3Q20 City/ County/ State/Zip Code
	314-471-9084 Area code and telephone number
3.	Defendant's name: Universal Printing Co
	Defendant's address: 1234 50 Kingshighw Street address or P.O. Box
	St. Louis mo L3110 City/County/State/Zip Code
	314-554-9496

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES, ADDRESSES AND TELEPHONE NUMBERS ON A SEPARATE SHEET OF PAPER.

4. If you are claiming that the discriminatory conduct occurred at a different location,

please provide the following information:)
(Street Address) (City/County) (State) (Zip Code)	
5. When did the discrimination occur? Please give the date or time period:	
1-20-06 - 2020-06	
ADMINISTRATIVE PROCEDURES	
6. Did you file a charge of discrimination against the defendant(s) with the	Missouri
Commission on Human Rights?	
Yes Date filed: 4-5.0 Ce	
No	
7. Did you file a charge of discrimination against the defendant(s) with	the Equal
Employment Opportunity Commission or other federal agency?	
Yes Date filed: 3: -12 - 0 C	
No	
8. Have you received a Notice of Right-to-Sue Letter?	
YesNo	
If yes, please attach a copy of the letter to this complaint.	
9. If you are claiming age discrimination, check one of the following:	
60 days or more have passed since I filed my charge of age discrimination	n with the
Equal Employment Opportunity Commission.	
fewer than 60 days have passed since I filed my charge of age discriminatio	n with the
Equal Employment Opportunity Commission.	

NATURE OF THE CASE

10.	The conduct complained of in this lawsuit involves (check only those that apply):
	failure to hire me
	termination of my employment
	failure to promote me
	failure to accommodate my disability
	terms and conditions of my employment differ from those of similar employees
	retaliation
	harassment
	other conduct (specify): Wise imigation of sex
Did	you complain about this same conduct in your charge of discrimination?
	Yes No
11.	I believe that I was discriminated against because of my (check all that apply):
	race
	religion
	national origin
	color
	disability

age (my birth date is
other:
Did you state the same reason(s) in your charge of discrimination?
YesNo
12. State here, as briefly and clearly as possible, the essential facts of your claim. Describe specifically the conduct that you believe is discriminatory and describe how each defendant is involved in the conduct. Take time to organize your statement; you may use numbered paragraphs if you find it helpful. It is not necessary to make legal arguments, or to cite cases or statutes.
East year Thad surgery to my hands the immediate
At the time I understood the company's policy
was we could be granted time Off following surgery upon request I did request time off
for medical recuperation, Respondent's Homes

for recuperation. But I learned that a nate same sorgery same Dr. He get time Off for recuperation. I was told the policy had change there had been a mistake and getover it"

Resource manager informed me policy had

changed and notine off was not granted

I later learned at least five women had

the same surgery they didn't got time off

(Attach additi	onal sheets as necessary).
13.	The acts set forth in paragraph 12 of this complaint:
	are still being committed by the defendant.
	are no longer being committed by the defendant.
	may still be being committed by the defendant.

REQUEST FOR RELIEF

State briefly and exactly what you want the Court to do for you. Make no legal arguments; cite no cases or statutes.

I'm not sure what could be done
to make my hands better. Hand can
they make the pain in my hadds stop
Congersation
Signed this _5 day of, 20 o ¬.
Signature of Plaintiff
Signature of Framium